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Bib Data Sheet

CONFIRMATION NO. 6730

|   |   |                                  |   |  |                                |
|---|---|----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/822,245  | <b>FILING DATE</b><br>04/02/2001<br><b>RULE</b>   | <b>CLASS</b><br>379              | <b>GROUP ART UNIT</b><br>2643   | <b>ATTORNEY DOCKET NO.</b><br>1114-160 |                                |
| <b>APPLICANTS</b><br>Yoshikatsu Ooi, Osaka, JAPAN;<br>Tatsuya Nishio, Nara-shi, JAPAN;<br>Keisuke Hasegawa, Soraku-gun, JAPAN;  |   |                                  |   |  |                                |
| <b>** CONTINUING DATA *****</b> NONE SKS  |   |                                  |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b> YES SKS<br>JAPAN P2000-106667 04/07/2000   |   |                                  |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 05/07/2001</b>  |   |                                  |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>S. S. H. SKS</i><br>Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>11   | <b>TOTAL CLAIMS</b><br>4               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>NIXON & VANDERHYE P.C.<br>8th Floor<br>1100 North Glebe Rd.<br>Arlington, VA 22201-4714   |   |                                  |   |  |                                |
| <b>TITLE</b><br>Communication terminal apparatus with e-mail address input function   |   |                                  |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |